

# AUTOMOTIVE COMPLAINT FORM

GREGORY D. STUMBO  
ATTORNEY GENERAL



RETURN TO:  
Office of Attorney General  
Consumer Protection Division  
1024 Capital Center Drive  
Frankfort, KY 40601  
Hotline: 1-888-432-9257  
[www.ag.ky.gov/cp](http://www.ag.ky.gov/cp)

**TYPE OR PRINT NEATLY. SUBMIT TWO COPIES OF THE COMPLAINT AND TWO COPIES OF ANY DOCUMENTS SUBMITTED.**

YOUR NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

COMPANY OR PERSON(S) YOUR COMPLAINT IS AGAINST \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
NAME AND TITLE OF PERSON WITH WHOM YOU DEALT \_\_\_\_\_

**Please fill in this section completely.**

MAKE/MODEL OF VEHICLE \_\_\_\_\_ YEAR \_\_\_\_\_ DATE PURCHASED \_\_\_\_\_  
VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_  
VEHICLE WAS PURCHASED AS: ☐ NEW ☐ USED ☐ DEMO ☐ VEHICLE WAS LEASED  
MILEAGE WHEN PURCHASED: \_\_\_\_\_ MILEAGE ON AUTO TODAY \_\_\_\_\_  
TOTAL COST OF VEHICLE — \$ \_\_\_\_\_ AMOUNT PAID DOWN — \$ \_\_\_\_\_

NAME OF WARRANTY \_\_\_\_\_  
TYPE OF WARRANTY: ☐ NEW CAR ☐ USED CAR ☐ EXTENDED ☐ AS IS  
DID YOU COMPLAIN TO THE DEALER OR MANUFACTURER? ☐ YES\* ☐ NO  
\*IF YES, TO WHOM \_\_\_\_\_ DATE \_\_\_\_\_  
HAVE YOU APPLIED FOR ARBITRATION YET? ☐ YES\* ☐ NO  
\*IF YES, WHAT DECISION WAS MADE? \_\_\_\_\_

WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT? \_\_\_\_\_  
WHAT ACTION WAS TAKEN? \_\_\_\_\_  
HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY? ☐ YES ☐ NO  
HAVE YOU STARTED COURT ACTION? ☐ YES ☐ NO IF YES, TYPE? \_\_\_\_\_

WHAT ACTION WILL RESOLVE YOUR COMPLAINT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ YOUR SIGNATURE \_\_\_\_\_

AGE OF THE PERSON INVOLVED IN THE TRANSACTION: ☐ 0 -15 ☐ 16-25 ☐ 26-39 ☐ 40-59 ☐ 60-75 ☐ 76-over

*The Office of the Attorney General does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of service and provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities*